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 Service@FleetRep.net & www.FleetRep.net

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please complete the following application. A letter of business credit references including business principles may be attached to this application, in lieu. Please attach a PA Sales Tax Exemption form, if applicable. Please fax completed applications to 717-469-4526 or e-mail to Service@FleetRep.net. Thank you.

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered Address Street, City, State & ZIP:

Year business commenced:

Sales Tax Exempt? **YES / NO**

EXEMPT NO.:

Nature of business:

Sole proprietorship:

Partnership:

Corporation:

Other: _____

BUSINESS AND CREDIT INFORMATION

Business mailing address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

CREDIT AMOUNT REQUESTED

\$

FRS OFFICE USE ONLY: CREDIT AMOUNT AUTHORIZED: \$ _____ (NET ____) MGR SIGNATURE _____

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account number:

CREDIT APPLICATION AGREEMENT

SIGNATURE LINE

1. All invoices are to be paid in full within 30 days from the date of the invoice (Net30).
2. I, the undersigned, guarantee payment of this account. I understand that a service fee no more than 18% APR will be charged on all past due invoices. I further understand that I am responsible for collection fees required to obtain payment, including but not limited to a third party collections agency and attorney and other legal fees.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Fleet Repair Solutions, LLC to make inquiries into the banking and business/trade references that you have supplied.
5. If Sales Tax exempt, please attach a current and complete Pennsylvania Sales Tax Exemption Form.
6. By signing, I confirm I am a legal representative of the company for whom I sign.

SIGNATURES (ONE COMPANY OFFICIAL REQUIRED)

COMPANY OFFICIAL:

NAME: _____

TITLE: _____ DATE: _____

SIGNATURE: _____

COMPANY OFFICIAL:

NAME: _____

TITLE: _____ DATE: _____

SIGNATURE: _____